

Legislative Mall Reservation Request

Name of Event:_____

Brief Description of Event:_____

Date Requested:_____

Time Requested (from and to):_____

Organization Name:_____

Contact Person:_____

Address:_____

Phone Number:_____

Fax Number:_____

Please indicate which of the following your event will require:

☐ Trash receptacles

☐ Electric hookup (120 volt, 20 amp GFI receptacle)
Organization is responsible for providing extension cords

☐ Water Hose

Please forward this completed form to: Division of Facilities Management
Thomas Collins Building
540 S. DuPont Highway, Suite 1
Dover, DE 19901

Fax: (302) 739-6148

Phone: (302) 739-5644